



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

JAMES WEISS MD
3100 TIMMONS LANE
HOUSTON TX 77027

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

ZURICH AMERICAN INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-1717-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as stated on the Request for Reconsideration: "At this time, we are asking that you please submit payment on the remaining balance..."

Amount in Dispute: \$239.57

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: A copy of the fee dispute was placed in the carrier representative box on February 14, 2011. A response was not submitted to the Division.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 12, 2010	99244, A4556	\$239.57	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets forth the medical fee guideline for professional services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated February 26, 2010

- 226 – information requested from the billing/rendering provider was not provided or was insufficient/incomplete
- 612 – no payment is made as Medicare uses another code for reporting and/or payment of this service

- 245 - payment pending receipt of invoice
- 97 – the benefit for this service is included in the payment/allowance for another

Issues

1. Is CPT code 99244 valid for the disputed date of service?
2. Is CPT code 99070 bundled with another billed code?
3. Is the requestor entitled to reimbursement?

Findings

1. The respondent denied reimbursement for CPT code 99244 with denial reason “612 – no payment is made as Medicare uses another code for reporting and/or payment of this service.”

28 Texas Administrative Code §134.203(a) (5) states “Medicare payment policies” when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”

28 Texas Administrative Code §134.203(b) (1) states “For coding, billing, reporting and reimbursement of professional medical services, Texas workers’ compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”

Effective January 1, 2010, Medicare payment policies state, “the CPT consultation codes (ranges 99241-99245 and 99251-99255) are no longer recognized for Medicare part B payment. For services furnished on or after January 1, 2010, providers should code an E/M visit with E/M codes that represent where the visit occurs and that identify the complexity of the visit performed...In the office or other outpatient setting where an evaluation is performed, physicians and qualified NPPs shall use the CPT codes (99201-99215) depending on the complexity of the visit and whether the patient is a new or established patient to that physician.”

2. The respondent denied reimbursement for CPT code 99070 as listed on the bill and explanation of benefits. (The Table of Disputed Services lists HCPCS code A4556).

The description of CPT code 99070 states “Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered.”

Per the National Correct Coding Initiatives edit, CPT code 99070 is always bundled into payment for other service and no separate payment is made.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that no reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

MAY , 2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.